Release of Information Form

The Food Bank for Central & Northeast Missouri Assistance Network

Benefits and Purpose

Oasis Insight is a shared, computerized recordkeeping system that collects information about people who receive community services, including but not limited to food assistance services. **Catholic Charities of Central and Northern Missouri (CCCNMO),** through The Food Bank for Central & Northeast Missouri (collectively, **CCCNMO**) utilizes Oasis Insight to store information about individuals receiving these services.

I authorize Agency to collect and share the following information about me:

- My name, address, contact information, and other personal identifying information
- Names, personal identifying information, and relationships of members of my household
- Self-declared participation in government or other social service programs
- Visit history, program participation history, and services provided
- Other information I provide to Agency

Security of the Information You Provide

We respect your information and want to make sure it remains private. We will take reasonable steps to protect its privacy and confidentiality. Only team members and volunteers who have been trained and have signed certain privacy agreements can access the system and your information. Your personal information is also protected by local, federal, and state laws.

How We Use the Information You Provide

I authorize Agency to share this information within the Feeding America network and with other partners in order to provide services to me and my household, improve Agency's services, communicate with me about Agency's services, connect me with other programs and services, conduct research on food insecurity and hunger, highlight the issue of hunger with key stakeholders, and monitor and evaluate the effectiveness of Agency's programs. I further authorize Agency to export this information to other recordkeeping platforms at the discretion of Agency. I understand that Agency may not be able to prevent my information from being used, reproduced, or re-disclosed by the persons or entities with whom Agency shares my information.

I further understand that Agency may share information that does not specifically identify me, such as aggregated or anonymized data, without my consent. Information that does not identify me as an individual is not my personal information.

Your Rights

I understand that if I do not consent, Agency will not deny me services, except where disclosure of my information is required for the provision of such services. I understand that this Authorization will expire three (3) years from the date I cease using Agency's services, unless I revoke this Authorization. I understand that if I change my mind, I may revoke this Authorization at any time, except to the extent Agency has already used or shared my information, by notifying Agency at 573-474-1020.

I confirm that this Authorization is a free and voluntary act by me and that a copy of this Authorization is as valid as the original.

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The Food Bank for Central & Northeast Missouri Assistance Network

By signing below, I hereby authorize Agency to collect and share the information specified above. Further, I agree to release Agency from any liability arising from the collection and sharing of my information in compliance with this Authorization.

Print Name: _____

Signature: _____

Date: _____

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PROXY AUTHORIZATION

Name of Food Bank/Food Pantry/Distribution Site		
Name of Participant	**Address**	
City/State	**Zip Code**	**Phone**

☐ **I authorize the following to pick up food for me from this CSFP Distribution Site. Your proxy must bring proof of identification to pick up food package.**

Proxy Name	**Phone Number**	**Duration of Proxy**
Proxy Name	**Phone Number**	**Duration of Proxy**
Proxy Name	**Phone Number**	**Duration of Proxy**

Signature of Participant	**Date**
Signature of Certifying Official	**Date**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(833) 256-1665 or (202) 690-7442; or
email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.